

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/521041
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2	/		/			
3	/			/		
4	/			/		
5		3				
6		3		1		
7		1	1			
8		1				
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TOTAL IND.	4		3			
TOTAL DEP.	10	←	3	←	←	
TOTAL CLAIMS	14		4			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←			←	←
TOTAL CLAIMS						↓